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SUBJECT: UNDECLARED CHOLERA EPIDEMIC CONTINUES IN JUBA

REF: Khartoum 445

¶1. SUMMARY: The office of the UN Humanitarian Coordinator for Southern Sudan confirmed on February 20 that WHO has cultured six positive cholera infections, the tripwire for declaring an epidemic. The GoSS, however, has thus far not officially declared an emergency, and the UN and other bodies fear the spread of the disease to other towns less capable of dealing with an epidemic. The UN has undertaken preventive measures in Juba. Other diseases have been identified in other areas of Southern Sudan, and still others are lurking in the wings. The lack of capacity in the GoSS Health Ministry has become painfully obvious. End Summary.

The Epidemic and Where it Might Spread

¶2. The acting UN Humanitarian Coordinator (UNHC) told CG on February 20 that more than fifty people had died in the ongoing epidemic (reftel), and that the WHO has positively identified enough confirmed cases to categorize the disease as a cholera epidemic. For uncertain reasons, the GoSS has been reluctant to declare an emergency or publicize the dangers of the epidemic spreading to other towns. The UNHC said that there have been additional recorded deaths in Yei, from whence the disease reached Juba, but that NGOs there report that for the most part the disease has run its course.

¶3. The present concern is the further spread of the epidemic from Yei to Maridi and from Juba to Torit. Traders from Yei were among the first cases hospitalized in Juba. The NGO capacity in Maridi is sufficient to provide some bulwark against a runaway epidemic, but there is not capacity to speak of in Torit. The arrival of cholera there could trigger a widespread, high mortality event. The UNHC said that some of the unexpected downsides of peace vis a vis health had been the rapid increase of urban populations and greater access between towns by road.

Preventive Measures Underway

¶4. The various task forces in Juba have taken various measures to check the spread. They have used the town crier service, yellow taxis with loudspeakers mounted on the roof, to spread word of the epidemic and describe countermeasures. They are seeking access to radio for public health announcements, although this medium reaches fewer, is unreliable, and is subject to the Minister's review. The UN has established a refrigerated containerized morgue to hold bodies between the time of death until burial, to prevent the body touching common in local culture. The NGOs have set up additional

isolation wards, and when one child transported to Bor on a barge was identified as ill, additional barge trips were postponed and the child was successfully isolated in a clinic on Bor. The task forces would like to begin treating water in other vulnerable locales with chlorine now, as a precaution, and are seeking GoSS approval.

Worse Ahead?

15. Cholera is not the only disease of concern. Experts have confirmed outbreaks of whooping cough in Bahr el Jebel and measles in Western Equatoria. Within a few weeks, when the seasonal dust storms begin, the annual cycle of viral meningitis is also expected to hit. This airborne disease has traditionally had a high mortality rate and, unlike cholera, leaves many of those that survive with serious permanent disabilities. The inability of the GoSS Ministry of Health to address decisively an epidemic in urban centers where health care exists exposes is vulnerability to take many effective measures against disease in outlying rural areas.

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